



**INCORPORATED VILLAGE OF OCEAN BEACH**

P.O. BOX 457, OCEAN BEACH, NEW YORK 11770-0457  
TEL: (631) 583-5940 FAX: (631) 583-7597

**2017**

**ALARM PERMIT**

**\*\*APPLICATION FEE \$100.00 PER ALARM\*\***

**\*\*\*ANNUAL PERMIT SERVICE FEE \$100.00 PER ALARM\*\*\***

**NON-REFUNDABLE**

APPLICANT'S NAME: \_\_\_\_\_

INSTALLATION BUSINESS NAME: \_\_\_\_\_

INSTALLATION ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_ (CELL) \_\_\_\_\_

INSTALLER'S NAME: \_\_\_\_\_

INSTALLER'S ADDRESS: \_\_\_\_\_

INSTALLER'S PHONE: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

**\*\*INSTALLER'S CERTIFICATE OF INSURANCE MUST BE PROVIDED\*\***

**\*\*ALARM SYSTEM PLANS MUST BE PROVIDED\*\***

SERVICE PROVIDER'S NAME: \_\_\_\_\_

SERVICE PROVIDER'S ADDRESS: \_\_\_\_\_

SERVICE PROVIDER'S PHONE: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

- Make checks payable to Inc. Village of Ocean Beach
- **Regulations Pursuant to Village Code §40: Alarm Systems - Attached**

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**\*\*\*FOR OFFICE USE ONLY\*\*\***

**Date Application Received: \_\_\_\_\_ Fee Paid: \$100.00 Cash Receipt No.: \_\_\_\_\_**